



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by **5:00 p.m. on February 18, 2011.**Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISL	ATOR INFORMATION		
Name			Office:	
Michel A. Lajoje			House	☐ Senate
Mailing address	_		District	
279 Old Greene	. EJ.		4 71	
City, zip code	,		Phone Zoy 7 Cell " 7,	83-1927
Michel A. Lajoie Mailing address Z79 Old Greene City, zip code Lewiston, Me o	424	<u> </u>	Cell " 71	3-7119
		ED FROM EMPLOYMENT BY ANG	THER	
List the name and address of each employer from economic activity of each employer.	n whom yo	ou received compensation of \$1,000 o	or more. Specify	the principal type of
None				
Name of Employer		Address		of Economic Activity
	engerg englis		01	Employer
			-	
AMAZON TO THE STATE OF THE STAT				
PART 2. INCOME DERI	IVED FRO	OM SELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business or derived income. If associated with a partnership, fill activity or practice of that entity.	law firm, if rm, profes	any, and list the major areas of econo sional association, or similar business	omic activity or pra entity, list the maj	actice from which you or areas of economic
□ None	nikumana kutikumana na kumuni na usukiku na kumununa		ere emente emergija na resum ne de emente pe emente en franceis en ducidos de enderen en emente en de emente e	новия в до до под доминительной в под
			Major Areas	of Economic Activity/
Name and Address of Business Entity or Law I	Firm	Major Areas of Economic Activity/ Law Practice (self)		w Practice sociation, firm or similar
		2011 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		iness entity)
Name:			Annual Control of the	
Address:			medillactures action	
Name:			Prijerijaman i jermana	
Address:			Private Part Control	

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of ecc income. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was of	pnomic activity of the entity or per ablished code of professional eth	erson from whom you derived such
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		of distance and a state of the
Name: Address;		
Address.		
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	of this form. Do not include gifts	or honoraria. If none, check the
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Social Security		PENSION
Address: STATE OF M41108		
Name: Maine Public Employees Retiren	nent system	Pension
Address:		
Name:		
Address:		>>>>>
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or mareas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box.		
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 5. REPO	RTABLE GIFTS	
List the specific source of gifts received during the reporting period wi	th an aggregate value of more tha	n \$300. If none, check the box.
None		
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	
	•	

PART 6. RE	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speeches. If none, check the box.	
None		
Name of Source of Honoraria	Name of S	ource of Honoraria
1.	3.	
2.	4.	
	FATION BEFORE STATE AGENCIE	
List each executive branch agency before which you represe box.	ented or assisted others for compensation	on of any amount. If none, check the
None Name of Agency	Nam	ie of Agency
1.	3.	
2.	4.	- Nation reside to 9 FB of residence and account and account and account accou
	ESS WITH STATE AGENCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family sold goods family member sold the goods or service	or services with a value in excess of es. If none, check the box.
None		
Name of Agency	уров за <mark>N</mark> ап	e of Agency
1.	3.	
2.	4.	
	D BY MEMBERS OF IMMEDIATE I	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	of income represented. If your spouse the job title of dependent children who re	or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: RITA J. Lajoie	1. County Government 2. Retirement MePERS	1. Employment 2. Rension
Job Title: ASSISTANT County Clerk	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

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List any for-profit or nonprofit corporation, firm, association, partrheld any office, trusteeship, directorship, or position of any natural	 e. Indicate whether v 	ou or a family held	the position and w	ediate family hether the pos
tion was compensated. If a family member listed, indicate your r	elationship and the na	ame of the family n	nember.	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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Michel Q. Lyoie		2-8 D	- //	
Signature //		D	ate	
ADDITION	AL INFORMATION			
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